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FAX TRANSMISSION**DATE:** June 3, 2005

PTO IDENTIFIER: Application Number 09/972772-Conf. #4878
 Patent Number
Inventor: Gary L. OLSON et al.

MESSAGE TO: US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** LAHIVE & COCKFIELD, LLP

Jane E. Remillard

PHONE: (617) 227-7400**Attorney Dkt. #:** PPI-106CP**PAGES (Including Cover Sheet):** 12

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 Response to Advisory Action (3 pages)
 Notice of Appeal (1 page)
 Executed Terminal Disclaimer (1 page)
 Executed Statement Under 37 CFR 3.73(b) (1 page)
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Application No. (if known): 09/972772

Attorney Docket No.: PPI-106CP

Certificate of Transmission under 37 CFR 1.8

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on June 3, 2005
Date


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Maria Laccotripe Zacharakis, Ph.D., J.D.

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/972772-Conf. #4878
		Filing Date	October 5, 2001
		First Named Inventor	Gary L. OLSON
		Art Unit	1654
		Examiner Name	J. E. Russel
Total Number of Pages in This Submission		Attorney Docket Number	PPI-106CP

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Fax Cover Sheet; Certificate of Transmission; Response to Advisory Action; executed Terminal Disclaimer; executed Statement Under 37 CFR 3.73(b)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Maria Laccotripe Zacharakis, Ph.D., J.D.		
Date	June 3, 2005	Reg. No	56,266

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Dated: June 3, 2005

Signature:

(Maria Laccotripe Zacharakis, Ph.D., J.D.)

PTO/SB-17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete If Known					
FE TRANSMITTAL For FY 2005		Application Number	09/972772-Conf. #4878				
		Filing Date	October 5, 2001				
		First Named Inventor	Gary L. OLSON				
		Examiner Name	J. E. Russel				
		Art Unit	1854				
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Attorney Docket No					
TOTAL AMOUNT OF PAYMENT		(\$) 825.00					
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>12-0080</u> Deposit Account Name <u>Lahive & Cockfield, LLP</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee					
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments					
FEES CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fee Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES				Small Entity			Fee (\$)
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							180
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
- 20 =		<input type="checkbox"/>		<input type="checkbox"/> =		<input type="checkbox"/> Multiple Dependent Claims	
Indep. Claims		Extra Claims		Fee (\$)		Fee (\$)	
- 3 =		<input type="checkbox"/>		<input type="checkbox"/> =		<input type="checkbox"/> Fee Paid (\$)	
3. APPLICATION SIZE FEE				Fee (\$)			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				Fee (\$)			
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	
- 100 =		/50		(round up to a whole number) x		=	
4. OTHER FEE(S)				Fee Paid (\$)			
Non-English Specification, \$130 fee (no small entity discount)				Fee Paid (\$)			
Other (e.g., late filing surcharge) 2253 Extension for response within third month				510.00			
2401 Notice of appeal				250.00			
2814 Statutory Disclaimer				65.00			
SUBMITTED BY				Registration No 56,266			
Signature		_____ Mano Laccottine Zapparolos, Ph.D., J.D.		Telephone		(617) 227-7400	
Name (Print/Type)		_____ Mano Laccottine Zapparolos, Ph.D., J.D.		Date		June 3, 2005	

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Dated: June 3, 2005 Signature: (Walter J. Acciavito, Esq., P.C., J.D.)

03-Jun-05 02:05pm From-LAHIVE+COCKFIELD 617 7424214

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JUN 03 2005

PTO/SB/22 (12-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) PPI-108CP																		
Application Number	09/972772-Conf. #4878	Filed October 5, 2001																		
For THERAPEUTIC AGENTS AND METHODS OF USE THEREOF FOR THE MODULATION OF ANGIOGENESIS																				
Art Unit	1654	Examiner J. E. Russel																		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="1"> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> <td>\$60</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$450</td> <td>\$225</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1020</td> <td>\$510</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1590</td> <td>\$795</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2160</td> <td>\$1080</td> </tr> </tbody> </table> <p> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-0080</u> </p>				Fee	Small Entity Fee	<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
	Fee	Small Entity Fee																		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60																		
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225																		
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510																		
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795																		
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080																		
<p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>56,266</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p> <p><u>Maria Laccotripe</u> Signature</p> <p><u>June 3, 2005</u> Date</p> <p><u>Maria Laccotripe Zecharakis, Ph.D., J.D.</u> Typed or printed name</p> <p><u>(617) 227-7400</u> Telephone Number</p>																				
<p>NOTE. Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>																				

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Dated: June 3, 2005

Signature: Maria Laccotripe Zecharakis, Ph.D., J.D.

06/06/2005 JBALINAN 00000039 120080 09972772

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